

**Index of Claims**

**Application/Control No.**
**10/011747**
**Examiner**
**\*\*\***
**Applicant(s)/Patent under Reexamination**
**NO NAME**
**Art Unit**

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| <input checked="" type="checkbox"/> | <b>Rejected</b> |
| <input type="checkbox"/>            | <b>Allowed</b>  |

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| <input type="checkbox"/> | <b>(Through numeral)<br/>Cancelled</b> |
| <input type="checkbox"/> | <b>Restricted</b>                      |

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| <input type="checkbox"/> | <b>Non-Elected</b>  |
| <input type="checkbox"/> | <b>Interference</b> |

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| <input type="checkbox"/> | <b>Appeal</b>   |
| <input type="checkbox"/> | <b>Objected</b> |

| Claim | Date     |  |
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| Claim | Date     |  |
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